Congressman Joe Sestak Internship Application

Name:			
Home Address:			
Home Phone: ()		-
Family Contact: _		Relationsh	ip:
)		
	Educat	tional Information	
High School:			
School Address: _			
_			
School Phone: ()	Website:	
Number of years of	completed:	Did you g	raduate? [] Y or [] N
College/Universit	y:		
School Address: _			
)		
	receive academic crecet for Internship:		
Phone: ()	E-m	nail:	
Academic Major:			GPA:
Current grade leve	el:	Anticipated year	of graduation:

List three references:				
1) Name:	_ Phone: ()		
Address:		_		
Relationship:	Number of Ye	ears Acquainted:		
2) Name:	_ Phone: ()		
Address:				
Relationship:	Number of Ye	ears Acquainted:		
3) Name:	_ Phone: ()		
Address:				
Relationship:		ears Acquainted:		
List undergraduate, graduate, or professional honors:				
List organizations, club, teams, etc. that you have been involved with:				
List your computer skills:				
To complete your application, please attactranscript and an essay that answers the form 1. Why do you want to intern with Co. 2. What are your expectations of the 3. How would this internship fit into 4. What legislative issues interest you	llowing question ongressman Se internship? your short tern	ons: estak?		

Mail this application to Congressman Sestak's District Office:

Attn: Bill Walsh 600 N. Jackson Street Suite 203 Media, PA 19063 (610) 892-8623 (610) 892-8628 [fax] Bill.walsh@mail.house.gov Washington Office: Attn: Justin Brown 1022 Longworth HOB Washington D.C. 20515 (202) 225-2011 (202) 226-0280 [fax]

Office Use Only Date received: _____ Interview Date: _____ Time: _____ Action taken: Start Date: _____ End Date: _____ Beginning date of internship: _____ Ending date of Internship: _____